

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023910

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1024B

STATE FILE NUMBER

FILED JUL 3 1963

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Christain	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield,		Length of stay in 1b 3 days	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bunge Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS none		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Oma Middle Ellis Last Ellis		4. DATE OF DEATH Month June Day 17 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-4-1877
9. AGE (last birthday) 85		IF UNDER 1 YEAR: Months 85 Days 85 Hours 85 Min. 85	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (City and state or country) Stone Co. Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Lewis Scotts		13b. MOTHER'S MAIDEN NAME Laura Scherill	
14. NAME OF HUSBAND OR WIFE Alfred Ellis		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)	
16. SOCIAL SECURITY NO.		17. INFORMANT Gertie Jones Clever, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary artery accident		INTERVAL BETWEEN ONSET AND DEATH 3 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 5:25 a.m. 5:25 p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Springfield, Mo.
21. I attended the deceased from 6-15-63 to 6-17-63 and last saw him alive on 6-17-63 Death occurred at 5:25 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Cecil R. Haver, MD (Degree or title)	
22b. ADDRESS 100 S. Glenview Springfield, Mo.		22c. DATE SIGNED 6-17-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-19-1963	23c. NAME OF CEMETERY OR CREMATORY Osa Cemetery	23d. LOCATION (City, town, or county) Greene, Mo.
24. FUNERAL DIRECTOR W.B. Cantrell Clever, Mo.		25. DATE RECD. BY LOCAL REG. 7-1-63	
26. REGISTRAR'S SIGNATURE Offie E. Hackett			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Cecil R. Haver, MD
USE BLACK INK
OR
TYPEWRITER RIBBON

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6-20-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William B. Boutwell

Licensed Embalmer No. 8220

P. O. Address Republic, Mo

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.
If this body is not embalmed, fact should be so stated above.